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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |  |                        |                        |
|--|--|------------------------|------------------------|
|  |  | Application Number     | 10/601,518-Conf. #8219 |
|  |  | Filing Date            | June 20, 2003          |
|  |  | First Named Inventor   | Choong-Chin Liew       |
|  |  | Art Unit               | 1634                   |
|  |  | Examiner Name          | J. C. Switzer          |
| Total Number of Pages in This Submission |  | Attorney Docket Number | 2055(204231)           |

## ENCLOSURES (Check all that apply)

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC   |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Certificate of Electronic Filing<br>5 Attachments |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   |  |
| <input checked="" type="checkbox"/> Information Disclosure Statement      | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD  |  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Remarks  |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                   |          |        |
|--------------|-----------------------------------|----------|--------|
| Firm Name    | EDWARDS ANGELL PALMER & DODGE LLP |          |        |
| Signature    | /Amy DeCloux/                     |          |        |
| Printed name | Amy DeCloux                       |          |        |
| Date         | January 2, 2009                   | Reg. No. | 54,849 |